

12-18-01

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JC962 U.S. PTO

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PTO/SB/50 (08-00)

Approved for use through 12/30/2000. OMB 0651-0033

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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REISSUE DIVISIONAL PATENT APPLICATION TRANSMITTAL

Address to: BROADENED REISSUE Assistant Commissioner for Patents Box Patent Application Washington, DC 20231	Attorney Docket No.	MTS-520US2
	First Named Inventor	Mitsuaki Oshima
	Original Patent Number	5,761,301
	Original Patent Issue Date (Month/Day/Year)	June 2, 1998
	Express Mail Label No.	EL 923263897 US

APPLICATION FOR REISSUE OF:
(check applicable box) Utility Patent Design Patent Plant Patent

APPLICATION ELEMENTS (37 CFR 1.173)		ACCOMPANYING APPLICATION PARTS	
1. <input checked="" type="checkbox"/> * Fee Transmittal Form (e.g., PTO/SB/56) <i>(Submit an original, and a duplicate for fee processing)</i>		7. <input type="checkbox"/> Statement of status/support for all changes to the claims. See 37 CFR 1.173(c).	
2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		8. <input type="checkbox"/> Original U.S. Patent for surrender <input type="checkbox"/> Ribboned Original Patent Grant <input type="checkbox"/> Statement of Loss (PTO/SB/55)	
3. <input checked="" type="checkbox"/> Specification and Claims in a double column copy of patent format (amended, if appropriate)		9. <input checked="" type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119) <i>(if applicable)</i>	
4. <input type="checkbox"/> Drawing(s) (proposed amendments, if appropriate)		10. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations	
5. <input checked="" type="checkbox"/> Substitute Reissue Oath / Declaration (original or copy) and copy of Defective Declaration (37 C.F.R. § 1.175)(PTO/SB/51 or 52)		11. <input type="checkbox"/> English Translation of Reissue Oath/Declaration (if applicable)	
6. Original U.S. Patent currently assigned? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(If Yes, check applicable box(es))</i>		12. <input checked="" type="checkbox"/> Preliminary Amendment	
<input checked="" type="checkbox"/> Written Consent of all Assignees (PTO/SB/53)		13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i>	
<input checked="" type="checkbox"/> 37 C.F.R. § 3.73(b) Statement <input type="checkbox"/> Power of Attorney		14. <input checked="" type="checkbox"/> Other: Copy of Offer to Surrender	

14. CORRESPONDENCE ADDRESS

Customer Number or Bar Code Label

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or Correspondence address below

Name	Allan Ratner Ratner & Prestia				
Address	P.O. Box 980				
City	Valley Forge	State	PA	Zip Code	19482
Country		Telephone	(610) 407-0700	Fax	(610) 407-0701

NAME (Print/Type)	Allan Ratner	Registration No. (Attorney/Agent)	19,717
Signature			Date
			December 7, 2001

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MTS 520 452

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REISSUE DIVISIONAL APPLICATION FEE TRANSMITTAL FORM

Docket Number (Optional)
MTS-520US2

Claims as Filed - Part 1

Claims in Patent	For	Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity	
				Rate	Fee	Rate	Fee
(A) 43	Total Claims (37 CFR 1.16(j))	(B) 03	* 00	=	X\$	or	X\$
(C) 07	Independent Claims (37 CFR 1.16(i))	(D) 01	* 00	=	X\$		=
				=	X\$		=
Basic Fee (37 CFR 1.16(h))				\$		\$ 740.00	
Total Filing Fee				\$		OR \$ 740.00	

Claims as Amended - Part 2

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**	*	X\$	or	X\$	
Independent Claims (37 CFR 1.16(i))	***	MINUS	****	=	X\$		=	
				=	X\$		=	
Total Additional Fee					\$	OR \$		

* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

*** After any cancellation of claims

**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).

***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

- Applicant claims small entity status. See 27 CFR 1.27.
- Please charge Deposit Account No. _____ in the amount of _____.
A duplicate copy of this sheet is enclosed.
- The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 18-0350.
A duplicate copy of this sheet is enclosed.
- A check in the amount of \$ 740.00 to cover the filing / additional fee is enclosed.
- Payment by credit card. Form PTO-2038 is attached.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on form PTO-2038.

December 7, 2001

Date

Signature of Applicant, Attorney or Agent of Record

Allan Ratner, Reg. No. 19,717

Typed or printed name

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CERTIFICATE OF MAILING BY "EXPRESS MAIL" (37 CFR 1.10)

Applicant(s): M. Oshima et al.

Docket No.

MTS-520US2

Serial No.

To Be Assigned

Filing Date

Herewith

Examiner

Group Art Unit

**Invention: MARK FORMING APPARATUS, METHOD OF FORMING LASER MARK ON OPTICAL DISK,
REPRODUCING APPARATUS, OPTICAL DISK AND METHOD PRODUCING OPTICAL DISK**

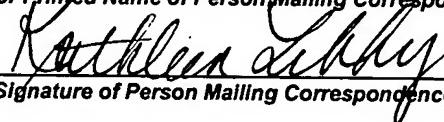
I hereby certify that the following correspondence:

Reissue Divisional Application and its related enclosures

(Identify type of correspondence)

Is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 in an envelope addressed to:

The Assistant Commissioner for Patents, Washington, D.C. 20231 on December 7, 2001

Kathleen Libby*(Typed or Printed Name of Person Mailing Correspondence)*
*(Signature of Person Mailing Correspondence)*EL923263897US*("Express Mail" Mailing Label Number)*

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